

04-15-02  
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Practitioner's Docket No. MI22-1243

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT  
#18/Ext (1)  
Ated  
4/19/02

Application of: Juengling, Werner  
Application No.: 09/420,635  
Filed: 10/21/1999  
For: Semiconductor Processing Methods of Forming Devices on a Substrate, Forming Device Arrays on a Substrate, Forming Conductive Lines on a Substrate, and Forming Capacitor Arrays on a Substrate, and Integrated Circuitry

Group No.: 2812  
Examiner: H. Tsai

Assistant Commissioner for Patents  
Washington, D.C. 20231

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APR 17 2002  
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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application. and a Supplemental Information Disclosure, PTO Form 1449 and cited references.  
**STATUS**
2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$110.00

Fee: \$180.00 for Supplemental IDS.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

EXPRESS MAIL

- ☒ deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 4/11/02

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature: Jane E. Boone  
Jane Boone  
(type or print name of person certifying)

04/16/2002 CV0111 00000102 09420635

01 FC:115 110.00 DP

			OTHER THAN A		
			SMALL ENTITY		
(Col. 1)		(Col. 2)	(Col. 3)		
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	18	Minus 20	= 0	x \$18 =	\$0
Indep.	6	Minus 6	= 0	x \$84 =	\$0
First Presentation of Multiple Dependent Claim				+ \$0 =	\$0
				Total Addit. Fee	<u>\$0.00</u>

#### FEE PAYMENT

5. Attached is a check in the sum of \$110.00 and one for \$180.00 for a Supplemental IDS.

#### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 23-0925.  
If any additional fee for claims is required, charge Account No. 23-0925.

Date:

Apr. 11, 2002



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